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7590

02/10/2004

PRAXAIR, INC
 LAW DEPARTMENT-M1-557
 39 OLD RIDGEBURY ROAD
 DANBURY, CT 06810-5113



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(Depositor's name)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/881,948	06/25/1997	DAVID P. STRAUSS	MRCO2/401F/2 21026	3603

TITLE OF INVENTION: MECHANICALLY JOINED SPUTTERING TARGET AND ADAPTER THEREFOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	05/10/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MCDONALD, RODNEY GLENN	1753	204-298120

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Iurie Schwartz
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

PRAXAIR S.T. TECHNOLOGY, INC.

441 Sackett Point Road, New Haven, CT. 06473

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 10

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by _____ to charge the required fee(s), or credit any overpayment, to Deposit Account Number 162440 (enclose an extra copy of this form).

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J. Schwartz3-4-03

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